

CC

**United States District Court
Northern District of Illinois**

Robert D. Huston,
Plaintiff

No. 1:12-cv-04582
Judge Virginia M. Kendall

v.

Annie Slanina,
in her individual and official capacities

and

Evanston Police Department,
an agency of the City of Evanston

and

Evanston Hospital,
the Body Politic

and

Corey Michael Nohl,
William R. Krug,
Morris S. Kharasch, and
John Bozeday,
in their individual and official capacities
Defendants.

FILED

JUL 26 2012

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

AMENDED COMPLAINT

1. NOW COMES the Plaintiff, ROBERT D. HUSTON [hereinafter, HUSTON],
complaining of the Defendants, ANNIE SLANINA [hereinafter, SLANINA], the EVANSTON
POLICE DEPARTMENT, EVANSTON HOSPITAL, COREY MICHAEL NOHL [hereinafter,
NOHL], WILLIAM R. KRUG [hereinafter, KRUG], MORRIS S. KHARASCH [hereinafter,
KHARASCH], and JOHN BOZEDAY [hereinafter, BOZEDAY] for the deprivation of rights
secured to Plaintiff HUSTON by the United States Constitution and the laws of the United States
of America.

2. Attached to this complaint is Plaintiff's Exhibit 1, which consists of an affidavit, which verifies the authenticity of relevant documents from the medical record of Plaintiff HUSTON from Defendant EVANSTON HOSPITAL that are included in further exhibits. Plaintiff's Exhibit 2 is a petition for involuntary psychiatric hospital admission that was written by Defendant SLANINA. In this petition for involuntary admission, just contrived conclusions are written. The conclusions of "delusional statements" and "paranoia" are conclusions that require facts to be elicited from a qualified examiner first, and then such conclusions can be deduced, if they are truly applicable. However, Defendant SLANINA is not a qualified examiner, and besides, Defendant SLANINA never even interviewed Plaintiff HUSTON to determine if there were any facts to substantiate these conclusions. The conclusions written by Defendant SLANINA only add up to defamation, and this defamation was used by Defendant EVANSTON HOSPITAL to wrongfully deprive Plaintiff HUSTON of liberty, wrongfully because according to the United States Constitution, Amendment Fourteen, Section 1: "...nor shall any State deprive any person of life, liberty, or property, without due process of law..." The false statements of Defendant SLANINA, in causing Plaintiff HUSTON to be deprived of liberty, established Defendant SLANINA to have committed an act of Deprivation of Rights Under Color of Law, in violation of Title 18, Section 242, as false statements, or fraud, can only be antithetical to due process of law. Each, and every, statement written in the petition by Defendant SLANINA is a false, fraudulent misrepresentation.

3. Plaintiff's Exhibit 3 is a medical record note written by Defendant BOZEDAY. For this Defendant BOZEDAY to be a Licensed Clinical Social Worker means that he has demonstrated

the competency to know what constitutes the valid scientific means to determine if an individual is “delusional” or “paranoid.” Plaintiff’s Exhibit 4 is the medical record note written by Defendant KHARASCH, the attending physician, who is also educated to rapidly ascertain how and why Defendant SLANINA’S petition is a falsified misrepresentation. Plaintiff’s Exhibit 5 is a medical record note written by Defendant NOHL, who does not write a single word of condemnation for Defendant SLANINA’S fraudulent petition. As they acted in concert, Defendant SLANINA, Defendant BOZEDAY, Defendant KHARASCH, and Defendant NOHL are liable for Conspiracy to Commit Health Care Fraud, in violation of Title 18, Section 1349. Defendant SLANINA, Defendant BOZEDAY, Defendant KHARASCH, and Defendant NOHL are all responsible for depriving Plaintiff HUSTON of his liberty, under color of law, as fraud is never an element of due process of law. Accordingly, this Conspiracy to Commit Health Care Fraud is accompanied by a violation of Title 18, Section 242, which was intentionally committed by Defendant SLANINA, Defendant BOZEDAY, Defendant KHARASCH, and Defendant NOHL. Defendant EVANSTON HOSPITAL aided and abetted the misconduct of Defendant BOZEDAY, Defendant KHARASCH, and Defendant NOHL in that they either knew, or reasonably should have known about the practices of misconduct of Defendant BOZEDAY, Defendant KHARASCH, and Defendant NOHL.

4. Plaintiff’s Exhibit 6 is a medical record note from Dr. David A. Powell, M.D. The diagnoses stated by Dr. Powell are radically divergent from the diagnoses written by Defendant BOZEDAY (Plaintiff’s Exhibit 3), Defendant KHARASCH (Plaintiff’s Exhibit 4), and Defendant NOHL (Plaintiff’s Exhibit 5). Dr. David A. Powell is a licensed, board-certified attending psychiatrist who has diagnosed Plaintiff HUSTON with both PTSD (Post Traumatic

Stress Disorder) and MDD (Major Depressive Disorder), as accurate diagnoses in psychiatry are the product of obtaining valid facts about a person's history and symptomatology. Dr. David A. Powell does not have contempt for the truth, and only by having contempt for the truth can Defendant BOZEDAY'S and Defendant NOHL'S diagnoses of Schizoaffective Disorder and Bipolar Disorder come into existence. Negligence can be the product of one not knowing what one is supposed to be doing, but the contempt for the truth of Defendant BOZEDAY, Defendant KHARASCH, and Defendant NOHL supports and establishes malicious intent in their actions toward Plaintiff HUSTON.

5. Defendant SLANINA'S falsified petition was used by Defendant EVANTON HOSPITAL against Plaintiff HUSTON, and instead of correcting the wrongdoing, where possible, Defendant EVANSTON HOSPITAL compounded the wrongdoing. Around 4:00 P.M. on June 15, 2007, Plaintiff HUSTON received from Defendant KRUG a notice of restriction of rights, which is attached as Plaintiff's Exhibit 7. Defendant EVANSTON POLICE DEPARTMENT, using an instrument of interstate commerce, had falsely claimed that Plaintiff HUSTON had threatened to kill agents of the EVANSTON POLICE DEPARTMENT, and by committing Wire Fraud in violation of Title 18, Section 1343, had succeeded in unlawfully depriving Plaintiff HUSTON of liberty. The Defendant EVANSTON POLICE DEPARTMENT had used electronic communications to secure the loss of liberty of Plaintiff HUSTON, to deliberately commit a Deprivation of Rights Under Color of Law, in violation of Title 18, Section 242. Plaintiff's Exhibit 8 is a response from Richard Eddington of Defendant EVANSTON POLICE DEPARTMENT to Plaintiff HUSTON'S Freedom of Information Act request, pertaining to the claims, of Defendant EVANSTON POLICE DEPARTMENT,

against Plaintiff HUSTON on June 15, 2007. Plaintiff's Exhibit 9 is a petition for an investigation to the Office of Professional Standards of Defendant EVANSTON POLICE DEPARTMENT, as the Freedom of Information Act response claimed that there was nothing recorded about what happened on June 15, 2007. Plaintiff's Exhibit 10 is evidence that Defendant EVANSTON POLICE DEPARTMENT denied the petition for an investigation by falsely claiming that this petition for an investigation was a Freedom of Information Act request. An investigation would not be fruitless, as when Plaintiff's Exhibit 8 is examined, and the Ostrich Instruction is considered, Richard Eddington, of Defendant EVANSTON POLICE DEPARTMENT, could not justifiably deny his liability.

6. Page 35 of Plaintiff's Exhibit 11 establishes that the involved agents of EVANSTON HOSPITAL were fully aware that Plaintiff HUSTON had two potentially life-threatening diseases: asthma and COPD. Asthma and COPD are diseases of inflammation of airways in the lungs. Air enters through the mouth and nose and enters a tube in the thorax called the trachea, and one branch of the trachea enters the right lung as the right main bronchus and another main branch of the trachea enters the left lung as the left main bronchus. These main bronchi further branch and subdivide into smaller bronchi, which ultimately branch and subdivide into bronchioles, which are conduits to the alveoli of the lungs, where oxygen enters the human body and carbon dioxide is released for exhalation from the human body. The bronchi remain patent because they contain cartilage, which provides for rigidity. However, the bronchioles remain open as a result of smooth muscle in the walls of the bronchioles. Exacerbations of asthma and COPD occur when there is abnormal constriction of the bronchial smooth muscle, diminishing the patency of the bronchioles, and obstructing the flow of air. If inflammatory cells lining the

bronchi hyperactively release mucus as an inflammatory process, then the patency of these rigid structures can be reduced, obstructing the flow of air. From asthma or COPD, exacerbations are called difficulty breathing, dyspnea, or bronchospasm, all of which mean essentially the same thing. Although having dyspnea (difficulty breathing) can be scary, uncomfortable, and frightening to the patient, treatment of dyspnea is indicated, in part, for these reasons. However, the first and most important reason to treat difficulty breathing from asthma or COPD is to prevent dyspnea (difficulty breathing) from becoming apnea (no breathing at all, like the people who are buried in a cemetery). Treatment of asthma and COPD is not for any cosmetic purpose, and is a matter of life and death. The diagnosis of exacerbations of asthma or COPD rests upon measurements of the ratio of FEV₁ (Forced Expiratory Volume in one second, or the maximal amount of air that can be breathed out in one second) to FVC (Forced Vital Capacity, or the total amount of air that can be breathed out after a person has breathed in the maximum amount of air they possibly can). A ratio of FEV₁/FVC less than 80% establishes dyspnea, and the lower this ratio gets, the more severe the dyspnea is. The FEV₁ and the FVC are measured with an instrument called a spirometer. Another means to establish the presence of dyspnea is to use a peak flow meter, and low peak flow readings proportionately correlate with a low FEV₁/FVC ratio.

7. Page 39 of Plaintiff's Exhibit 11, at 1922 hours, establishes the dishonesty of Defendant KRUG, where he writes: "...no observable S/S of respiratory distress." S/S is shorthand for signs/symptoms, and a sign is what a clinician perceives to be evidence of a medical problem, and a symptom is what a patient perceives to be going wrong. So a patient's complaints, whether solicited out by the clinician or volunteered by the patient, are symptoms.

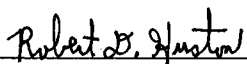
When Plaintiff HUSTON had complained of difficulty breathing, Defendant KRUG had written a lie that Plaintiff HUSTON had no signs/symptoms. At this time, Plaintiff HUSTON was having an exacerbation of his respiratory diseases, and Defendant KRUG and Defendant NOHL both knew that there is a substantial likelihood of death from untreated asthma and untreated COPD. For no other reason was Plaintiff HUSTON untreated, and Plaintiff HUSTON called Evanston 911 for paramedic assistance. Plaintiff HUSTON was only treated with IM Zyprexa, only because Defendant KRUG and Defendant NOHL perceived Plaintiff HUSTON as having a mental disability. Neither Defendant KRUG nor Defendant NOHL took any measurements of Plaintiff HUSTON'S FEV₁/FVC ratio. On page 38 of Plaintiff's Exhibit 11, at 2016 hours, a false and misleading medical record note was entered by Defendant NOHL, which included a Statement: "...No evidence of respiratory distress on exam...", a malicious lie. In reality, Defendant NOHL observed Plaintiff HUSTON gasping for air, a fact Plaintiff HUSTON communicated to Defendant NOHL, as best as he could. Plaintiff HUSTON communicated to Defendant NOHL that he was gasping for air, and could not breathe without using his accessory muscles of respiration. Defendant NOHL was told by Plaintiff HUSTON that no peak flow measurements have been taken. Defendant NOHL had no basis for ruling out dyspnea in Plaintiff HUSTON. The claim of Defendant NOHL, that Plaintiff HUSTON was not wheezing, is meaningless. First, a person has to know how to auscultate for wheezing, a skill no one can just assume to have, and second, wheezing is a sign of decreased airway patency, but there is patency nonetheless, and third, some patients simply do not wheeze, and fourth, the airway patency of a person with dyspnea, who is not wheezing, is usually more severely constricted than a person who is wheezing. Although a pulse oximetry measurement was taken, pulse oximetry measurements neither rule in nor rule out dyspnea, nor verify the degree of dyspnea.

Defendant KRUG and Defendant NOHL withheld treatment, including the taking of measurements to establish a diagnosis of dyspnea, although they could both see and hear Plaintiff HUSTON gasping for air. Defendant KRUG and Defendant NOHL established their specific intent to injure Plaintiff HUSTON, Conspiracy to Commit Murder, in violation of Title 18, Section 241. The conduct of Defendant KRUG and Defendant NOHL is parallel to their both firing a gun at the head of Plaintiff HUSTON, and only because of luck, they missed. The deliberate, unambiguous, and unequivocal dishonesty of Defendant KRUG and Defendant NOHL establishes their malice, and rules out negligence as their mental state. Therefore, their conduct is Attempted Murder, in violation of Title 18, Section 1113, and not medical malpractice. Both Defendant KRUG and Defendant NOHL have liability for attempted murder as a hate crime, and consequent intentional infliction of emotional distress, none of which could have happened without the aid and accomplice liability of Defendant EVANSTON HOSPITAL. Because of Defendant SLANINA, Defendant EVANSTON POLICE DEPARTMENT, Defendant EVANSTON HOSPITAL, Defendant BOZEDAY, Defendant KHARASCH, Defendant NOHL, and Defendant KRUG, Plaintiff HUSTON suffered intentional infliction of emotional distress, including anxiety, depression, nightmares, anger, and rage.

8. Due to the severity of the conduct of the Defendants, Plaintiff HUSTON demands damages for pain and suffering, and punitive damages proportionate to their misconduct. From Defendant SLANINA, Defendant BOZEDAY, Defendant KHARASCH, Defendant KRUG, and Defendant NOHL, Plaintiff HUSTON demands Five Billion U. S. Dollars in each of their official capacities, and Five Billion U.S. Dollars in each of their individual capacities. From Defendant EVANSTON POLICE DEPARTMENT, Plaintiff HUSTON demands Ten

Billion U.S. Dollars. From Defendant EVANSTON HOSPITAL, Plaintiff HUSTON demands
Ten Billion U.S. Dollars.

Respectfully submitted:



Robert D. Huston, Plaintiff

Robert D. Huston
7618 N. Sheridan Road
Chicago, IL 60626
(773)706-9283

THE STATE OF Illinois)
COUNTY OF Cook) SS.

PATIENT: Robert Huston

AFFIDAVIT

Before me, the undersigned authority, personally appeared, Pamela Kring,
(Custodian)
who, being by me duly sworn, deposed as follows:

My name is Pamela C. Kring, I am of sound mind, capable of
(Custodian)

making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of North Shore University Health Sys.
(Facility)

Attached hereto are 142 pages of records pertaining to
Robert Huston. These 142 pages of records are kept by
(Patient)

North Shore University in the regular course of business, and it was the
(Facility) Health System
regular course of business of North Shore for an employee or
(Facility)

representative of North Shore with knowledge of the act, event,
(Facility)

condition, opinion, or diagnosis recorded to make the record or to transmit information
thereof to be included in such record; and the record was made at or near the time of the
act, event, condition, opinion or diagnosis. The records attached hereto are the original or
exact duplicates of the original.

Pamela C. Kring
Affiant
(Custodian of Records)

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official
seal this 7 day of JUNE, 2012.



Farrah Underwood
Notary Public

My Commission expires:

Scan on 6/15/2007 12:00 AM by Nakanwagi, Zainabu : document type- PSYCH ADMISSION AND LEGAL cmts: p3/5
06/15/07 INVOLUNTARY ADMISSION (below)

I have read and understood this Petition and affirm that the statements made by me are true to the best of my knowledge. I further understand that knowingly making a false statement of this Petition is a Class A misdemeanor.

Date 6/15/07 Signed Annie Slawina
(Signature)

Printed Name Annie Slawina

Relationship to respondent

Address 901 Maple Ave

Case Worker

Evansville IL 47602

Listed below are the names and addresses of the spouse, parent, guardian, or surrogate decision maker, if any, and close relative or, if none, a friend of the respondent whom I have reason to believe may know or have any of the other names and addresses. If names and addresses are not listed below, the following describes my efforts to identify and locate these individuals.

Mary Ann Huston (M) 773 545 2027

Signed Annie Slawina

Title PRSC

Within 12 hours after admission to the facility under this status I gave respondent a copy of this Petition. I have explained the "Rights of Admittee" to the respondent and have provided him or her with a copy of it. I have also provided him or her with a copy of "Rights of Individuals" and explained those rights to him or her (405 ILCS 5/3-609).

Date _____ Signed _____

Time _____ Title _____

HUSTON, ROBERT
CHERNAIK, STEPHEN J.

2022890057166

02/21/66

M



(MHDD-5)

Scan on 6/15/2007 12:00 AM by Nakanwagi, Zainabu : document type- PSYCH ADMISSION AND LEGAL cmts: p2/5
06/15/07 INVOLUNTARY ADMISSION (below)

I assert that Robert Huston is:
(name)

- ☒ A person who is mentally ill and who because of his or her illness is reasonably expected to inflict serious physical harm upon himself or herself or another in the near future.
- ☐ A person who is mentally ill and who because of his or her illness is unable to provide for his or her basic physical needs so as to guard himself or herself from serious physical harm.
- ☐ A person who is mentally retarded and is reasonably expected to inflict serious physical harm upon himself or herself or others in the near future.
- ☒ In need of immediate hospitalization for the prevention of such harm.

I base the foregoing assertion on the following (provide a detailed statement including a description of the signs and symptoms of a mental illness and of any, acts threats or other behavior or pattern of behavior supporting the assertion and the time and place of their occurrence. Additional page(s) may be attached as necessary):

This morning Resid began making delusional statements about a conspiracy & then threatened to kill his roommate. Resid then began to be verbally aggressive & staff & tried to hit his NSG during med pass. He then stated he intended to kill someone before he was killed. Resid paranoid requires acute care to prevent harm to self or others.

Below is a list of all witnesses by whom the facts asserted may be provided (include addresses and phone numbers):

Karen Madda, DON
Olade Ogundare, CNA } 901 Maple Ave
Miriam Myers, LPN

- ☐ do ☒ do not have a legal interest in this matter.
- ☐ do ☒ do not have a financial interest in this matter.
- ☐ am ☒ am not involved in litigation with the respondent.
- ☒ No certificate is attached because after diligent effort it was impossible to locate someone legally authorized to issue the certificate.
- ☐ Although I have indicated that I have a legal or financial interest in this matter or that I am involved in litigation with the respondent, I believe it would not be practicable or possible for someone else to be the petitioner for the following reasons:

HUSTON, ROBERT
CHERNAIK, STEPHEN J.
2022890057166

02/21/66

M



(MHDD-5)
(1-462-2005 (P.7.01))

Page 2 of 5

Scan on 6/15/2007 12:00 AM by Nakanwagi, Zainabu : document type- PSYCH ADMISSION AND LEGAL cmts: p1/5
06/15/07 INVOLUNTARY ADMISSION (below)

PETITION FOR INVOLUNTARY/JUDICIAL ADMISSION

STATE OF ILLINOIS

CIRCUIT COURT FOR THE _____ JUDICIAL CIRCUIT

_____ COUNTY

IN THE MATTER OF

Docket No. _____

Robert Huston
(name of person)

HUSTON, ROBERT
CHERNAIK, STEPHEN J.
2022890057166

02/21/66 M



Who is asserted to be a person subject to involuntary admission to a facility and for whom
(judicial/involuntary)
this petition is initiated by reason of:

- ☒ Emergency admission by certificate. (405 ILCS 5/3-500)
- ☐ Admission by court order. (405 ILCS 5/3-700)
- ☐ Voluntary admittee submitted written notice of desire to be discharged. (405 ILCS 5/3-403)
- ☐ Voluntary admittee failed to reaffirm a desire to continue treatment. (405 ILCS 5/3-404)
- ☐ Person continues to be subject to involuntary admission. (405 ILCS 5/3-813)
- ☐ Emergency admission of the mentally retarded. (405 ILCS 5/4-400)
- ☐ Judicial admission of the mentally retarded. (405 ILCS 5/4-500)
- ☐ Developmentally disabled client or an interested person on behalf of the client submitted written objection to admission. (405 ILCS 5/4-306)
- ☐ Administrative client (or person who executed application) failed to authorize continued residence. (405 ILCS 5/4-310)
- ☐ Client continues to meet standard for judicial admission. (405 ILCS 5/4-611)

MHDD-5)
-462-2005 (R-7-01)

Page 1 of 5

Initial Assessment Notes (continued)

Initial Assessments signed by Bozeday, John at 06/15/07 1314 (continued)

| | | |
|-----------------------|--------------------|----------------------------|
| Author: Bozeday, John | Service: (none) | Author Type: Social Worker |
| Filed: 06/15/07 1314 | Note 06/15/07 1241 | |
| | Time: | |

CRISIS INTERVENTION EVALUATION

Robert Huston
6/15/2007
Time of Evaluation: 12 PM
Duration and Services provided:
+2 Hours - Crisis ER Level 2 Evaluation
Referral Source: Self

Insurance Information:
Insurance Company: Public Aid
Insurance Phone Number:
Managed Care Company:
Name of Insured: Patient
SS# of Insured: xxx-xx-1422
Pre-Cert #: N/A
Pre-Cert Days: N/A
Authorized by:
Average yearly income.

CHIEF COMPLAINT (Reason for admission, include reports from family or others)

"Patient is a 41 y/o single male brought in to EH ED on petition from Albany Care where the patient resides. According to petition "patient had been making delusional statements about a conspracy and then threatened to kill his roommate, became verbally aggressive with staff and tried to his his nursing staff. He then stated he intended to kill someone before he was killed". On interview Patient presented as mildly agitated, verbally contentious. He denied that he had made actual threats or that he had tried to hurt anyone arguing that these were legal terms the definitions of which he did not meet. He admitted yelling and being emotionally upset. He said that in fact he had been the victim of an assault at Albany Care a week ago and the nursing staff had prevented the police from getting his report. Patint admits to being anxious of late. States that he has a history of depression with AH and VH but denies this now. Reports that other issue is that he was unjustly dismissed from medical school in 1997 and he suffers from PTSD as a result. I spoke to patient s psychiatrist Dr David Powell, 312 9254379, who stated he had seen patient yesterday and had noted that he was getting more agitated. Dr Powell thinks that patient is more upst because this is anniversary of his school dismissal. Dr Powell agreed that given presentation he ought to be hospitalized. Patint Has been in treatment with Dr powell1994 and has had multiple psych hospitalizations the last 3/29/07.

HISTORY OF PRESENT ILLNESS

Clinical data obtained from: Patient and and Dr Powell

Initial Assessment Notes (continued)

Robert Huston is a 41YO Married male who present with symptoms of hypomania, including irritable mood, inflated self-esteem, talkative, flight of ideas, racing thoughts and psychomotor agitation . Symptoms have been present for 2 weeks . Precipitants include: anniversary reaction of school dismissal

Current medications (include dosage):

No current hospital medications on file.

Current outpatient prescriptions:

FLOVENT IN

None Entered

Disp:

Rfl:

SPIRIVA HANDIHALER IN

None Entered

Disp:

Rfl:

SINGULAIR PO

None Entered

Disp:

Rfl:

PREVACID PO

None Entered

Disp:

Rfl:

ALBUTEROL IN

None Entered

Disp:

Rfl:

CYMBALTA PO

None Entered

Disp:

Rfl:

NEURONTIN PO

None Entered

Disp:

Rfl:

KLONOPIN PO

None Entered

Disp:

Rfl:

LIBRIUM PO

None Entered

Disp:

Rfl:

Initial Assessment Notes (continued)

SEROQUEL PO

None Entered

Disp:

Rfl:

ASPIRIN PO

None Entered

Disp:

Rfl:

TYLENOL PO

None Entered

Disp:

Rfl:

NASACORT NA

None Entered

Disp:

Rfl:

IBUPROFEN PO

None Entered

Disp:

Rfl:

GUAIFENESIN PO

None Entered

Disp:

Rfl:

XOPENEX IN

None Entered

Disp:

Rfl:

Level of Compliance with Psychotropic Medication: 3=Compliant

PAST PSYCHIATRIC HISTORY

Psychiatric Hospitalizations:

Total Number: Multiple

First: 12/99

Most Recent: 3/07

Past Psychiatric Medications: see above

Past Outpatient Mental Health Care: Dr Powell

Past Suicidal ideation and attempts: denied

Initial Assessment Notes (continued)

PAST MEDICAL HISTORY

Allergies: Review of patient's allergies indicates no known allergies.

Medical and Surgical History: none

Head Injury: no

Seizures: no

Tobacco Use:

No

Alcohol Use:

No

Drug Use:

No

I
FAMILY HISTORY (include details of any psychiatric, alcohol, or chemical dependency).

{denied

SOCIAL HISTORY

Education: Graduate School: 3

Occupational History: unemployed

Marital/Significant relationship history: single

Current Living Situation: in a nursing home

Social Supports: psychiatrist

Legal Issues: none

MENTAL STATUS EXAMINATION

General appearance and behavior (dress, grooming, interactions): Grooming good, verbal, contentious

Speech: Spontaneous; rate accelerated and volume Loud

Motor:

Initial Assessment Notes (continued)

Mood:

Depression: denied
Anxiety: Moderate
Euphoria: None
Mania: Moderate
Hostility: Mild
Other: None

Range: Labile

Current Feelings: victimized Mini Mental Status

Examination

N/A

Thought Content and Form: flight of ideas

Judgement: Poor

Insight: Poor

THEMES

Delusions: persecutory
Hallucinations: none

Suicidal/Homicidal Ideation: Plan? no

Obsession, Phobias: legal issues

LEVEL OF CARE CRITERIA (circle one for each category):

SUICIDE RISK:

0=No known history of suicide attempts or ideation.

DANGER TO OTHERS:

2=Currently physically aggressive towards property or people regardless of verbal aggressiveness, but not at a level that risks significant injury or death.

SEVERITY OF SYMPTOMS SCALE (BASED ON AXIS I DISORDERS ONLY)

3=Significant degree of psychiatric symptoms. For example, significant symptoms of depression might include social isolation, suicidal plan(s) or attempt(s), profound feelings of hopelessness, worthlessness or guilt and the ability to complete activities of daily living.

Narrative Summary:

This is a bright 41 y/o single male Albany Care resident with history of

Initial Assessment Notes (continued)

treatment for schizoaffective disorder and bipolar d/o. . Has had multiple hospitalizations for depression and agitation and becoming threatening. Patient currently increasingly agitated and threatening to staff and residents of Albany Care requires immediate hospitalization to prevent harm to others and to potentially to self.

DSM IV Axis Summary:

Axis I: r/o Mood Disorder OR Bipolar Affective Disorder, unspecified 296.7 3 (severe, without mention of psychotic behavior) and r/o Psychosis OR Schizoaffective Disorder 295.7 0 unspecified
Axis II: Deferred 799.9
Axis III:
Axis IV: Other Psychosocial and Environmental Problems
Axis V: 20-11 some danger of hurting self or others
Highest GAF past year:

Consultation: ED Attending Physician: DR Karesh, Psychiatrist: Dr Chernaik and Other: Dr Powell and Albany Care staff
Disposition: Admission: Psychiatry Evanston Hospital Accepting MD: Dr Chernaik

Name of person completing assessment: JOHN BOZEDAY, LCSW
Licensure/credentials

ED Arrival Information

| Expected | Arrival | Acuity | Means of Arrival | Escorted By | Service | Admission Type | Arrival Complaint |
|-----------------|-----------------|--------|------------------|-------------|------------|----------------|-------------------|
| 6/15/2007 00:00 | 6/15/2007 10:48 | A2 | AMBULANCE | Self | Psychiatry | Emergency | - |

Diagnosis

None

ED Disposition

None.

Follow-up Information

None

Events

| | |
|----------------------|---------------|
| Team Member Assigned | 06/15/07 1059 |
|----------------------|---------------|

All Notes (continued)

Crisis at bedside.

ED Notes signed by de La Cruz, Roselle at 06/15/07 1134

| | | | | | |
|---------|---------------------|----------|---------------|--------------|------------------|
| Author: | de La Cruz, Roselle | Service: | (none) | Author Type: | Registered Nurse |
| Filed: | 06/15/07 1134 | Note | 06/15/07 1134 | | |
| | | Time: | | | |

Pt given water and urinal at bedside.
Pt remains calm. Currently resting/sleeping in cart, in NAD.
PSO on stand by.
Will continue to monitor.

ED Notes signed by Kharasch, Morris S. at 06/15/07 1130

| | | | | | |
|---------|---------------------|----------|---------------|--------------|-----------|
| Author: | Kharasch, Morris S. | Service: | (none) | Author Type: | Physician |
| Filed: | 06/15/07 1130 | Note | 06/15/07 1128 | | |
| | | Time: | | | |

I have seen this patient with the resident and discussed the findings. I have personally taken a history and examined this patient. aggressive in home: states no police protection and upset but not now
pe
heart rrr
lungs clear
abd soft
ext normal
a/p
crisis to see
calm in ed
standby

ED Notes signed by Zzdelmonte, Derek at 06/15/07 1123

| | | | | | |
|---------|-------------------|----------|---------------|--------------|----------|
| Author: | Zzdelmonte, Derek | Service: | (none) | Author Type: | Resident |
| Filed: | 06/15/07 1123 | Note | 06/15/07 1049 | | |
| | | Time: | | | |

INTERN ED NOTE

CC: Psych Eval

HPI: Mr. Huston is a 41 y/o male with Schizoaffective disorder who was brought to the ER by EMS for a psychiatric evaluation after he was noted to be aggressive at his group home. He reports that he was a victim of domestic abuse crime last Friday and was "denied police protection". He states since that time he has been "emotionally upset". He voiced these feelings today and was given 1mg Klonopin and the emotional upset went away. He currently denies any SI/HI/AH/VH.

All Notes (continued)

CHIEF COMPLAINT "At Albany they're not protecting my civil rights."

HISTORY OF PRESENT ILLNESS

Mr. Huston is a 41 y/o single caucasian male with extensive past psychiatric history, with previous diagnoses of schizoaffective disorder vs bipolar disorder, first hospitalized in 1997 after being expelled from medical school due to disruptive behavior and alleged harassment. He subsequently encountered legal issues related to phone harassment in the process of attempting to procure a teaching degree and accusing educational facilities of various legal transgressions. The charges were dropped on the grounds of insanity and Mr. Huston spent a number of months at Elgin hospital. He has been living at Albany care and has had numerous psychiatric hospitalizations, most recently in March of 2007. He is brought to the ED today after threatening behavior and verbal aggression directed at Albany staff and residents. Mr. Huston denies these events, stating, "I was angry, they are not protecting my rights. I suffered battery and assault at the hands of W.S. I was yelling 'who has the right to commit battery on Robert Huston...'" On exam Mr. Huston ruminates about legal injustices and his need to persecute various individuals for wrongs they have committed against him. Per Dr. Powel, Mr. Hurston's outpatient psychiatrist, the patient was notably more agitated at an appointment one day prior to this admission. This is the anniversary of Mr. Huston's original conflict with medical school authorities in 1997 and there is a history of increased agitation at this time of year. Mr. Huston also has a history of narcissistic behavior, with very entitled behavior and insistence that he determine which medications he is to take and at what doses. He has never been compliant with recommended mood stabilizers or antipsychotic medications. Since arriving on the floor Mr. Huston has exhibited entitled, demanding behavior and has already called the police and made threats toward them. He currently denies suicidal or homicidal ideation and is not experiencing auditory or visual hallucinations. He does have a history of suicide attempts by overdosing and cutting. Per his report, he has experienced auditory hallucinations in the past in the midst of a major depressive episode.

He is admitted voluntarily.

PAST PSYCHIATRIC HISTORY

Numerous psychiatric hospitalizations, most recently 3/2007

Past Suicidal ideation and attempts: Approx 3, by cutting and overdosing, between the years 2000 and 2003

PAST MEDICAL HISTORY

Hx asthma, COPD

Chronic chest wall pain secondary to hx of pectus excavatum, s/p corrective surgery

GERD

Allergies: NKDA

All Notes (continued)

Tobacco Use:
None

Alcohol Use:
Hx EtOH abuse

Drug Use:
Denies

If two positive responses to CAGE, consult Chapman Center

Have you ever felt the need to Cut down on your use? No
Have you ever felt Annoyed by criticism of your alcohol use? No
Have you ever had a Guilty feeling about your use? No
Have you ever taken a morning Eye opener? No

Current medications (include dosage and level of compliance):

Current hospital medications:
Acetaminophen TABS 650 mg (TYLENOL)
650 mg
Oral
Q4HPRN

Lorazepam TABS 1-2 mg (ATIVAN)
1-2 mg
Oral
Q1HPRN

Olanzapine(ZyPREXA) 10 mg (ZYPREXA)
10 mg
Intramuscular
Q4HPRN

Olanzapine(ZyPREXA Zydys) TBDP 10 mg (ZYPREXA ZYDIS)
10 mg
Oral
Q4HPRN

DULOXETINE CPEP 20 mg (Cymbalta)
20 mg
Oral
BID

All Notes (continued)

Gabapentin CAPS 600 mg (NEURONTIN)
600 mg
Oral
Q4HPRN

Chlordiazepoxide CAPS 25 mg (LIBRIUM)
25 mg
Oral
Q4HPRN

Pantoprazole TBEC 40 mg (PROTONIX)
40 mg
Oral
AC BREAKFAST

Montelukast TABS 10 mg (SINGULAIR)
10 mg
Oral
DAILY

Tiotropium CAPS 1 Puff (SPIRIVA)
1 Puff
Inhalation
DAILY

Level of Compliance with Psychotropic Medication: 1=Sporadically takes medication

FAMILY HISTORY (include details of any psychiatric, alcohol, or chemical dependency).
Noncontributory

SOCIAL HISTORY
Education: Graduate School: 3
Occupational History: Unemployed
Marital/Significant relationship history: Single
Current Living Situation: Albany Care
Social Supports: Mother, isolated from 2 brothers
Legal Issues: None current

MENTAL STATUS EXAMINATION
Cooperative
Intense eye-contact
Speech is pressured
No psychomotor agitation
Mood irritable, hypervigilant
Affect flat
Thoughts are tangential
Rumination on persecuting individuals who have harmed them, recurrent reference to having his rights withheld; no SI / HI, no AH / VH

All Notes (continued)

Sensorium clear (Folstein 30/30)
Insight and judgement poor
Poor impulse control

LEVEL OF CARE CRITERIA (circle one for each category):

SUICIDE RISK:

1=No current suicidal ideation.

DANGER TO OTHERS:

1=No current aggressiveness but either current within last 7 days
verbal aggressiveness, but not at a level that risks significant injury or
death.

SEVERITY OF SYMPTOMS SCALE (BASED ON AXIS I DISORDERS ONLY)

3=Significant degree of psychiatric symptoms. For example,
significant symptoms of depression might include social isolation,
suicidal plan(s) or attempt(s), profound feelings of hopelessness,
worthlessness or guilt and the ability to complete activities of daily
living.

PHYSICAL EXAM

BP 119/74 | Pulse 88 | Temp 97.9 F (36.6 C) | Resp 20 | Wt 262 lbs
(118.842 kg)

R.O.S.: Chest wall pain (longstanding), otherwise negative

HEENT: MMM, no erythema or exudate

Lungs: CTA bilaterall

Heart: RRR, no m/r/g

Abdomen: Obese, nd/nt, bowel sounds normoactive

Extremities: No edema, no rash

Differential Diagnosis:

41 y/o male with history of shizzoaffective disorder, limited willingness
to comply with psychotropic intervention, marked Axis II traits, with
narcissitic behavior, recent increase in exacerbation possibly associated
with anniversary of being expelled from medical school under unclear
circumstances. Patient is markedly disorganized, with persecutory
delusions and verbally aggressive behavior. Psychiatric hospitalization
required for stabilization.

DSM IV Axis Summary:

Axis I: Schizoaffective disorder, paranoid
R/o bipolar disorder

Axis II: Axis II traits, r/o narcissitic personality disorder

Axis III: GERD

Asthma

COPD

Axis IV: Chronic mental illness

Axis V: GAF 20

All Notes (continued)

Treatment Plan:

- Admit to 5E, voluntary
- Continue previous medications, as outlined above; patient is very unlikely to agree to further psychotropic intervention, addressing that issue is likely to exacerbate symptoms as narcissistic blow; consider attempting further intervention following establishment of therapeutic alliance
- Assault precautions
- Restrict outgoing phone-calls
- Zyprexa prn agitation

Plan of care discussed with attending psychiatrist, Dr. Chernaik, who concurs.

Cory Nohl PGY1
x3585

Progress Notes signed by Anderson, Ivar at 06/15/07 1422

| | | | | | |
|---------|----------------|----------|---------------|--------------|----------------------|
| Author: | Anderson, Ivar | Service: | (none) | Author Type: | Mental Health Worker |
| Filed: | 06/15/07 1422 | Note | 06/15/07 1422 | | |
| | | Time: | | | |

Problem: RISK FOR VIOLENCE

Goal: PATIENT DOES NOT BRING HARM TO OTHERS DURING HOSPITALIZATION

Cooperative with admit, pt reports chronic "chest wall pain", was at medical school and forced to leave in 1997. Family lives in the area. Pt was guarded but pleasant. Did not elaborate on events prior to admit.

Initial Assessments signed by Dunham, Karin A at 06/15/07 1412

| | | | | | |
|---------|-----------------|----------|---------------|--------------|------------------|
| Author: | Dunham, Karin A | Service: | (none) | Author Type: | Registered Nurse |
| Filed: | 06/15/07 1412 | Note | 06/15/07 1406 | | |
| | | Time: | | | |

Psychiatric
Nursing Initial Assessment

Robert Huston is a 41YO admitted for schizoaffective disorder.. He was admitted from ER.

[illegible]

Scan on 6/15/2007 12:00 AM by Galom, Sylvia : document type- PSYCH ADMISSION AND LEGAL cmts: 06/17/07
restriction of rights (below)

Reference: 405 ILCS 5/2-103, 2-104, 2-107, 2-108, 2-109 and 2-20 HUSTON, ROBERT
CHERNAIK, STEPHEN J.
2022890057166 02/21/66 M

NOTICE REGARDING RESTRICTED RIGHTS

Regarding (Name): _____ ID n _____ ng _____

☒ MH ☐ DD or ☐ MH/DD services at Evameter Northwestern Hosp facility

PART I.

A. On (date): 6/15/2007 at (time): 16:00 m. he or she was:
(month/day/year)

☐ Placed in restraints ☐ Placed in seclusion

B. Had a restriction placed on certain rights (which are checked and explained below) for a duration of
HOURS: _____ DAYS: _____ FROM: 6/15/2007 16:00 TO: open ended
Date/Time Date/Time

☐ To refuse medication
☐ in accordance with treatment/habilitation plan
☐ emergency basis
☐ To refuse medical service - x-ray
☒ To be allowed communication*
(via: telephone, mail, visitation
(circle applicable))

☐ To manage his or her own personal hygiene
☐ To refuse medical service - laboratory specimens

☐ To refuse other medical treatment services
☐ To refuse dental services
☐ To retain personal property
☐ To be free of unexpected search of person or living area

Other, specify: No outgoing phone calls

The reason(s) for restriction of rights is (are):
Making phone threats to kill Evanston Police Dept Officer

A or B (above) Date: 6/15/07 Signature: William R K Title: RN

PART II.

I certify that on _____ I, _____
(month/day/year) (name) (title)

☐ delivered in person and ☐ mailed a copy of this notice in ☐ English ☐ Spanish ☐ Other (specify) _____
to each of the following entitled to receive notice, unless:

☐ individual wished no one to be notified. Exception: Guardian of person**;

☐ his or her guardian of person; Name: _____
Address: _____

☐ designated by individual; or Name: _____
Address: _____

☐ representative of the Guardianship and Advocacy Commission Name: _____
Address: _____

PART III.

I certify that a copy of this Notice has been placed in the individual's record.

Staff Signature: William R K RN

*Also see the reverse side if mail, telephone, or visitation rights are being restricted.
**Designated guardian of person must be notified regardless of individual's wishes.

(MHDD-4)
IL462-2004 (R-7-01)

NOTICE REGARDING RESTRICTED RIGHTS OF INDIVIDUAL

**CITY OF EVANSTON
EVANSTON POLICE DEPARTMENT**

RICHARD EDDINGTON, CHIEF OF POLICE

1454 ELMWOOD AVENUE
EVANSTON, ILLINOIS 60201-4360

TEL 847-866-5005 FAX 847-866-9686

e-mail: reddington@cityofevanston.org



Received 6/3/11
- R.D.H.

May 10, 2011

Mr. Robert D. Huston
7618 N. Sheridan Road
Chicago, Illinois 60626

Reference: FOIA Request

Any and all evidence in the possession of any agent of the City of Evanston to corroborate/negate the claim by William R. Krug. The Evanston Police Department called to report that patient was calling them and threatening to kill the officers in his arrest today. This information is needed as an evidentiary exhibit for a medical malpractice lawsuit. The date of this medical malpractice (including the claim by William R. Krug) is June 15, 2007. Also pending is a conspiracy to violate civil rights lawsuit under color of law against Richard Eddington and his accomplices.

Dear Mr. Huston:

With regard to your Request for Public Records received May 3, 2011, requesting documentation under the Freedom of Information Act, we offer the following response:

Request #1: Copy of police reports, etc. as referenced above.

Response: We are unable to provide the information requested. We have no record of the incident(s) you referenced.

Sincerely,

A handwritten signature in black ink that reads "Richard Eddington". The signature is stylized with a large, sweeping "R" and a long, horizontal stroke at the end.

Richard Eddington
Chief of Police

RE/srd

By Wire to Fax No.:847-864-6090

Attention: Office of Professional Standards

7618 N. Sheridan Road
Room 202-3
Chicago, IL 60626
July 18, 2011

Sergeant Angela Hearts-Glass
Office of Professional Standards
Evanston Police Department
1454 Elmwood Ave.
Evanston, IL 60201

Dear Sergeant Hearts-Glass:

I am writing to find out the identity of offenders, in the Evanston Police Department, who falsely accused me of committing crime. These false accusations resulted in violations of my civil rights, including my right not to be deprived of liberty without due process of law. The privation of liberty, which I suffered, nearly killed me.

From a review of my medical records, from Evanston Hospital, there are multiple statements that on June 15, 2007, I had called 911 and specifically threatened to kill members of the Evanston Police Department. There are multiple witnesses to the false and malicious complaints made by certain members of the Evanston Police Department.

I need to know the exact identity of the offenders, so that I can lawfully respond.

Subscribed and sworn to before me

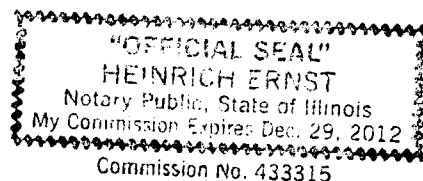
On 18 day of July, 2011
at Chicago, County of Cook, State of Illinois.

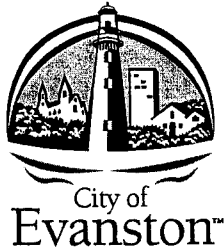
Notary Public [Signature]

Respectfully submitted,

[Signature]

Robert D. Huston
(773)706-9283





Law Department
2100 Ridge Avenue
Evanston, Illinois 60201
T 847.866.2937
F 847.448.8093
www.cityofevanston.org

July 25, 2011

Robert Huston
7618 N. Sheridan Road, Room 202-3
Chicago, IL 60626

RE: Response letter to Freedom of Information Act Request

On July 18, 2011, the City of Evanston (the "City") received your written request for copies of certain public records pursuant to the Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") (the "Request"). The Request submitted was for the identities of any and all individuals that reported certain statements and accusations to the Evanston Police Department on June 15, 2007 about the Requestor ("Public Records").

The City denies your Request because the City has no records from June 15, 2007 involving the Requestor (either as the complaining witness or the suspect). Accordingly, there are no "public records" that are responsive to your Request. Under FOIA "public records" are documents or other materials "having been prepared by or for, or having been or being used by, received by, in the possession of, or under the control of" the City. See 5 ILCS 140/2(c). Moreover, FOIA only requires the City to "make available for inspection or copying all public records." 5 ILCS 140/3(a).

You have a right to have the denial of your request reviewed by the Public Access Counselor (PAC) at the Office of the Illinois Attorney General. 5 ILCS 140/9.5(a). You can file your Request for Review with the PAC by writing to: Cara Smith, Public Access Counselor, Office of the Attorney General, 500 South 2nd Street, Springfield, Illinois 62706; Fax: 217-782-1396, E-mail: publicaccess@atg.state.il.us. You also have the right to seek judicial review of your denial by filing a lawsuit in the State circuit court. 5 ILCS 140/11. If you choose to file a Request for Review with the PAC, you must do so within 60 calendar days of the date of this denial letter. 5 ILCS 140/9.5(a). Please note that you must include a copy of your original FOIA request and this denial letter when filing a Request for Review with the PAC.

The total amount owed prior to inspection and copying is: \$ 0.00.

Sincerely,


Michelle Masoncup
Assistant City Attorney

All Notes (continued)

2-6 days

Progress Notes signed by Dunham, Karin A at 06/16/07 1007

| | | | | | |
|---------|-----------------|----------|---------------|--------------|------------------|
| Author: | Dunham, Karin A | Service: | (none) | Author Type: | Registered Nurse |
| Filed: | 06/16/07 1007 | Note | 06/16/07 1007 | | |
| | | Time: | | | |

Problem: RISK FOR VIOLENCE
IP PSYCH CARE PLAN

Goal: PATIENT DOES NOT BRING HARM TO OTHERS DURING HOSPITALIZATION

- Patient's physical and/or verbal threats decrease and cease.
- Patient explores socially acceptable ways to express anger and frustration.
- Patient develops ability to deal with tension without becoming combative.

"I promise I won't hurt you..." Pt. very superficial about recent events of last PM. Has been napping steadily after breakfast. He requested a Flovent which was ordered by Dr. Stephansy. Has been asleep and has not used it yet. No outbursts thus far this shift.

Progress Notes signed by Nohl, Cory Michael at 06/16/07 0951

| | | | | | |
|---------|--------------------|----------|---------------|--------------|----------|
| Author: | Nohl, Cory Michael | Service: | (none) | Author Type: | Resident |
| Filed: | 06/16/07 0951 | Note | 06/15/07 1752 | | |
| | | Time: | | | |

PGY1 Progress Note

S: Slept through the night. Apologized for behavior yesterday evening. Reports increased anxiety associated with anniversary of allegations leading to dismissal from medical school in 1997. Discussed medication options at great length and adamantly refuses adjustment. Reports not tolerating Depakote in the past ("It made me more depressed...I'm not bipolar.") Also stated he is unwilling to adjust Cymbalta dosing ("This dose works for me. I don't want to mess with anything.") Is notably more appropriate and cooperative compared with admission and subsequent events yesterday evening.

O: BP 125/92 | Pulse 105 | Temp 97.8 F (36.6 C) | Resp 16 | Wt 258 lbs
9.6 oz (117.300 kg)

All Notes (continued)

MSE:

Cooperative

Good eye-contact

Speech mildly pressured, much less than on previous exam

No psychomotor agitation

Mood dysthymic

Affect flat

Thoughts mildly circumstantial

No SI / HI, no AH / VH

Insight and judgement poor

Assessment: 41 y/o male with history of shizzoaffective disorder, limited willingness to comply with psychotropic intervention, marked Axis II traits, with narcissitic behavior, recent increase in exacerbation possibly associated with anniversary of being expelled from medical school under unclear circumstances. Patient is markedly disorganized, with persecutory delusions and verbally aggressive behavior. Psychiatric hospitalization required for stabilization. Behavior and events since admission strongly suggest bipolar spectrum disorder raising concern for administration of SNRI in the absence of mood stabilizer. Patient is at this point unwilling to make any adjustments to medication. Behavior notably improved this morning compared with admission. Will need to follow with aim of attaining therapeutic alliance that will allow for more appropriate pharmacotherapy.

Axis I: Schizoaffective disorder, paranoid

R/o bipolar disorder

Axis II: Axis II traits, r/o narcissitic personality disorder

Axis III: GERD

Asthma

COPD

Axis IV: Chronic mental illness

Axis V: GAF 20

Plan:

-Continue previous medications, as outlined above; aim to establish agreement on more appropriate regimen; patient is very unlikely to agree to further psychotropic intervention

-Assault precautions

-Restrict outgoing phone-calls (called police and made threats shortly after admission)

-Zyprexa prn agitation

Plan of care discussed with attending psychiatrist, Dr. Anderson, who concurs.

Cory Nohl PGY1

x3585

All Notes (continued)

Progress Notes signed by Anderson, Ivar at 06/16/07 0949

| | | | | | |
|---------|----------------|----------|---------------|--------------|----------------------|
| Author: | Anderson, Ivar | Service: | (none) | Author Type: | Mental Health Worker |
| Filed: | 06/16/07 0949 | Note | 06/16/07 0948 | | |
| | | Time: | | | |

Problem: EMOTIONAL STRESS

Goal: EFFECTIVE COPING

Intervention: COPING ENHANCEMENT

Coping Assessment

Discussed with patient/family short & long term goals, alternative responses, available support systems and community resources pertinent to current situation.

Up early, did eat breakfast, was superficially pleasant, reported some residual sedation from meds last night. Did not go into events of last night, and I did not ask. I adjusted his pants so they fit better (by fastening two belt loops together), pt seemed to appreciate contact but did go back to bed to rest.

Did not make any outgoing phone calls.

Progress Notes signed by Nohl, Cory Michael at 06/16/07 0939

| | | | | | |
|---------|--------------------|----------|---------------|--------------|----------|
| Author: | Nohl, Cory Michael | Service: | (none) | Author Type: | Resident |
| Filed: | 06/16/07 0939 | Note | 06/15/07 2003 | | |
| | | Time: | | | |

Related Original Note by: Nohl, Cory Michael filed at 06/15/07 2016
Notes:

Resident On-Call Event Note

Called by nursing staff due to patient complaints of shortness of breath.

S: On exam patient seated on bed, irritable, in no acute distress.
"You're trying to kill me, you don't know what you're doing...Don't talk to me in that salacious voice like you wanna bugger me!" Patient subsequently ambulated down hall in response to telephone call. Raising voice, minimally redirectable. "I need emergency respiratory therapy. Do

All Notes (continued)

you know what that is?" Continued to escalate. Returned to room in no acute distress with the exception of marked agitation.

O: Lungs CTA bilaterally
O2Sat 98%
Patient agitated, verbally aggressive

A/P: 41 y.o with history of schizoaffective disorder vs bipolar disorder and Cluster B traits admitted following verbally assaultive and physically threatening behavior at residential home. No evidence of respiratory distress on exam. Code Brown called. PRN Zyprexa administered with good effect.

Cory Nohl PGY1
x3585

PGY1 Addendum
"Code Brown" in A/P above should read "Code GRAY."

Cory Nohl PGY1

06/15/07 2016 Progress Notes Signed by: Nohl, Cory Michael

Progress Notes signed by Reed, Tony at 06/15/07 2057

| | | |
|----------------------|--------------------|-----------------------------------|
| Author: Reed, Tony | Service: (none) | Author Type: Mental Health Worker |
| Filed: 06/15/07 2057 | Note 06/15/07 2057 | |
| | Time: | |

Problem: RISK FOR VIOLENCE

IP PSYCH CARE PLAN

Goal: PATIENT DOES NOT BRING HARM TO OTHERS DURING HOSPITALIZATION

-Patient's physical and/or verbal threats decrease and cease.

-Patient explores socially acceptable ways to express anger and frustration.

-Patient develops ability to deal with tension without becoming combative.

Intervention: ASSIST INDIVIDUAL IN MAINTAINING CONTROL OVER BEHAVIOR

-Encourage constructive methods to deal with unpleasant feelings.

-Offer medications as ordered, assess response.

-Give patient positive reinforcement for appropriate behaviors.

-Set limits on verbal abuse.

Pt. on ap with 15 minute checks. Pt. also has had his out going phone calls restricted. He earlier had called the police dept. and then wanted to call the fire dept. Pt. was allowed to call his mother and he did with staff supervision. Pt. was yelling and a code grey was called. Pt. got a IM medication at 1930. Pt. has been resting in room afterwards.

All Notes (continued)

Progress Notes signed by Nohl, Cory Michael at 06/15/07 2016

| | | | | | |
|---------|--------------------|----------|---------------|--------------|----------|
| Author: | Nohl, Cory Michael | Service: | (none) | Author Type: | Resident |
| Filed: | 06/15/07 2016 | Note | 06/15/07 2003 | Note Status: | Revised |
| | | Time: | | | |

Related Addendum by: Nohl, Cory Michael filed at 06/16/07 0939
Notes:

Resident On-Call Event Note

Called by nursing staff due to patient complaints of shortness of breath.

S: On exam patient seated on bed, irritable, in no acute distress. "You're trying to kill me, you don't know what you're doing...Don't talk to me in that salacious voice like you wanna bugger me!" Patient subsequently ambulated down hall in response to telephone call. Raising voice, minimally redirectable. "I need emergency respiratory therapy. Do you know what that is?" Continued to escalate. Returned to room in no acute distress with the exception of marked agitation.

O: Lungs CTA bilaterally
O2Sat 98%
Patient agitated, verbally aggressive

A/P: 41 y.o with history of schizoaffective disorder vs bipolar disorder and Cluster B traits admitted following verbally assaultive and physically threatening behavior at residential home. No evidence of respiratory distress on exam. Code Brown called. PRN Zyprexa administered with good effect.

Cory Nohl PGY1
x3585

Progress Notes signed by Krug, William R at 06/15/07 1937

| | | | | | |
|---------|-----------------|----------|---------------|--------------|------------------|
| Author: | Krug, William R | Service: | (none) | Author Type: | Registered Nurse |
| Filed: | 06/15/07 1937 | Note | 06/15/07 1937 | | |
| | | Time: | | | |

"You don't want me to breathe!!! You're gonna kill me!!! I WANT TO GET OFF THIS FLOOR YOU FUCKERS!!!! Pt highly agitated, yelling very loudly

All Notes (continued)

in hallway. Code called, pt cooperative with IM Zyprexa with security staff present. Pulse Ox currently 98.

Progress Notes signed by Krug, William R at 06/15/07 1922

| | | | | | |
|---------|-----------------|----------|---------------|--------------|------------------|
| Author: | Krug, William R | Service: | (none) | Author Type: | Registered Nurse |
| Filed: | 06/15/07 1922 | Note | 06/15/07 1922 | | |
| | | Time: | | | |

Pt demanding emergency respiratory treatment, says he can't breathe, no observable S/S of respiratory distress, ROC seeing pt now.

Progress Notes signed by Krug, William R at 06/15/07 1854

| | | | | | |
|---------|-----------------|----------|---------------|--------------|------------------|
| Author: | Krug, William R | Service: | (none) | Author Type: | Registered Nurse |
| Filed: | 06/15/07 1854 | Note | 06/15/07 1854 | | |
| | | Time: | | | |

Pt asking for Albuteral inhaler, ROC notified.

Progress Notes signed by George, Laurie at 06/15/07 1842

| | | | | | |
|---------|----------------|----------|---------------|--------------|------------------|
| Author: | George, Laurie | Service: | (none) | Author Type: | Registered Nurse |
| Filed: | 06/15/07 1842 | Note | 06/15/07 1842 | | |
| | | Time: | | | |

Received a telephone call from the Evanston Police Department that Pt was again making threatening telephone calls to Police Department as he had in am. I believe officer said Pt was harrasing the officers and threatening their lives. Department was requesting that we restrict Pt's outgoing calls so that harrasing ceases.

Progress Notes signed by Krug, William R at 06/15/07 1812

| | | | | | |
|---------|-----------------|----------|---------------|--------------|------------------|
| Author: | Krug, William R | Service: | (none) | Author Type: | Registered Nurse |
| Filed: | 06/15/07 1812 | Note | 06/15/07 1812 | | |
| | | Time: | | | |

Pt given restriction of rights on making outgoing phone calls. The Evanston Police Dept called to report that pt was calling them and threatening to kill the officers involved in his arrest today. Pt agitated, denying he was threatening to kill officers. RN, LG received the call from EPD.

H&P signed by Nohl, Cory Michael at 06/15/07 1631

| | | | | | |
|---------|--------------------|----------|---------------|--------------|----------|
| Author: | Nohl, Cory Michael | Service: | (none) | Author Type: | Resident |
| Filed: | 06/15/07 1631 | Note | 06/15/07 1325 | | |
| | | Time: | | | |

Psychiatric Examination

All Meds and Administrations (continued)

Albuterol Neb NEBU 2.5 mg (VENTOLIN) [79414621]

Status: Discontinued (Past End Date/Time),
Reason: Error

Ordered On: 06/15/07 1851 by Nohl, Cory Michael Starts/Ends: 06/15/07 1851 - 06/15/07 1859
 Dose (Remaining/Total): 2.5 mg (-/-) Frequency: Q4HPRN
 Route: Inhalation Rate/Duration: - / -
 Admin Instructions: For inhalation by respiratory therapy. Comments:

(No admins scheduled or recorded for this medication)

Combivent AERO 2 Puff (COMBIVENT) [79414787]

Status: Discontinued (Past End Date/Time),
Reason: Patient Discharged

Ordered On: 06/15/07 1859 by Nohl, Cory Michael Starts/Ends: 06/15/07 1857 - 06/18/07 2216
 Dose (Remaining/Total): 2 Puff (-/-) Frequency: Q4HPRN
 Route: Inhalation Rate/Duration: - / -
 Admin Instructions: Shake well. For inhalation. Comments:

| Administration | Status | Dose | Route | Site | Given By |
|----------------|--------|--------|------------|------|--|
| 06/18/07 1418 | Given | 2 Puff | Inhalation | | Dunham, Karin A |
| 06/18/07 1007 | Given | 2 Puff | Inhalation | | Dunham, Karin A |
| 06/18/07 0459 | Given | 2 Puff | Inhalation | | O'Malley, Mari-Ann |
| 06/17/07 1809 | Given | 2 Puff | Inhalation | | Zzreis, Kristine H. |
| 06/17/07 1043 | Given | 2 Puff | Inhalation | | Dunham, Karin A |
| 06/17/07 0541 | Given | 2 Puff | Inhalation | | O'Malley, Mari-Ann |
| 06/16/07 1724 | Given | 2 Puff | Inhalation | | Martin, Kathleen Reid |
| 06/16/07 0426 | Given | 2 Puff | Inhalation | | O'Malley, Mari-Ann |
| 06/15/07 2048 | Held | 2 Puff | Inhalation | | Krug, William R |
| | | | | | Comments: Pt sound asleep |
| 06/15/07 2044 | Missed | 2 Puff | Inhalation | | Krug, William R |
| | | | | | Reason: Drug not available from Pharmacy |
| 06/15/07 2028 | Missed | 2 Puff | Inhalation | | Krug, William R |
| | | | | | Reason: See Comment |
| 06/15/07 2024 | Missed | 2 Puff | Inhalation | | Krug, William R |
| | | | | | Reason: Drug not available from Pharmacy |
| 06/15/07 1900 | Missed | 2 Puff | Inhalation | | Krug, William R |
| | | | | | Reason: Drug not available from Pharmacy |
| 06/15/07 1800 | Missed | 2 Puff | Inhalation | | Krug, William R |
| | | | | | Reason: Drug not available from Pharmacy |

ClonAZEPAM (Klonopin) TABS 0.5-1 mg (KLONOPIN) [79426569]

Status: Discontinued (Past End Date/Time),
Reason: Patient Discharged

Ordered On: 06/16/07 0839 by Nohl, Cory Michael Starts/Ends: 06/16/07 0838 - 06/18/07 2216
 Dose (Remaining/Total): 0.5-1 mg (-/-) Frequency: Q6HPRN
 Route: Oral Rate/Duration: - / -
 Admin Instructions: Comments:

| Administration | Status | Dose | Route | Site | Given By |
|----------------|--------|------|-------|------|---------------------|
| 06/17/07 2310 | Given | 1 mg | Oral | | Zzreis, Kristine H. |